

**Regional EMS Council Process Action Team Dinner Meeting  
Richmond Marriott West  
Richmond, Virginia  
February 25, 2008  
5:00 p.m.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
<b>Gary P. Critzer</b> , EMS Council Board President, PAT Chair	<b>Jerry Overton</b> , Urban Based EMS Service Representative	Scott Winston	Kent Weber, TEMS/Virginia Beach EMS
<b>Dr. Rob Logan</b> , EMS Council Executive Director	<b>Donna Burns</b> , EMS Council Board President	Wanda Street	Bill Downs, TJEMS
<b>Tina Skinner</b> , EMS Council Executive Director			Jeff Meyer, PEMS
<b>Dr. Scott Weir</b> , Operational Medical Director			Connie Purvis, BREMS
<b>Dr. Jack Potter</b> , Designated Trauma Center Representative			Matt Cobb, Office of Attorney General
<b>Dr. Theresa Guins</b> , Physician Member of EMS Advisory Board			Jim Chandler, TEMS
<b>Junior Thompson (for Donna Burns)</b> , Vice President of TJEMS			David Cullen, CSEMS
<b>Dreama Chandler</b> , VAVRS President			Heidi Hooker, ODEMSA
<b>Randy Abernathy</b> , VAGEMSA President			
<b>Chris Eudailey</b> , Virginia Fire Chief's Assoc. President *			
<b>Scott Hudson</b> , Rural Based EMS Service Representative			
<b>Bruce Edwards</b> , EMS Advisory Board Member			
<b>Jason Campbell</b> , Virginia Professional Fire Fighter/VML Representative			
<b>Gary R. Brown</b> , OEMS Director			
<b>Dr. Lisa Kaplowitz</b> , Virginia Department of Health (ex-officio member)			
<b>Tim Perkins</b> , OEMS Staff to PAT			

\* CORRECTION

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<p><b>Call to Order:</b></p> <p><b>Introductions:</b></p>	<p>The meeting was called to order by the chair, Mr. Gary Critzer, at 5:08 p.m.</p> <p>Gary Critzer asked everyone to introduce themselves, the agency they represent and what they expect or hope that this committee can accomplish. Some of the hopes and expectations were as follows:</p> <ul style="list-style-type: none"> <li>- To give a fair evaluation of the regional council system of Virginia and make recommendations that will enhance the system to make it better for the citizens and constituents that we serve. We do this by developing a consensus and working together as a team.</li> <li>- That we come to an agreement about a system that will work best for the Commonwealth that works with the health care system, especially the public health care system.</li> <li>- That we come up with a system that addresses everybody's concerns and the best system for the state.</li> <li>- I hope that we can find a workable solution that can further the cause of EMS in the state of Virginia.</li> <li>- I hope that we can go through a process where we allow everyone to be heard and take all of that information into consideration. We have to make sure it's the best system possible for our councils, agencies, and patients.</li> <li>- We need to make sure that the stakeholders on the front line have a good opportunity to voice their concerns and that we as a group will hear those concerns and take them under advisement as we create a recommendation that will allow the enhancement of our EMS services in the Commonwealth so that we can continue to be nationally recognized for the services that we are known for.</li> <li>- Hopefully this process will level some things out. I feel we have a good system in the Commonwealth of Virginia, but I believe that we can get better. We need to take a hard look at where we are, but more importantly, where we need to be.</li> <li>- I hope that the PAT will be a professional advocate for the interests and needs for all 11 regional councils and hope to move forward in a positive manner.</li> <li>- I want everybody to be inclusive in the decisions that we make and that everybody is heard especially on the rural front.</li> <li>- I hope that this process can move forward and look at the needs of the system and not be influenced by outside influences that hinder our ability to work through this. I hope that everyone one else on the committee shares my goal to look for what is in the best interest of the system and for EMS as a whole.</li> <li>- What I am most interested in is how we can all come together and work through the problems, whatever they are. We are really here to take care of the patients and everything else is secondary to that.</li> <li>- It is my hope that we can all work together and keep everybody informed as to what is going on in making the best decisions for the EMS system and everyone that is involved.</li> </ul>	
<p><b>Purpose, Goals, and Objectives of the PAT:</b></p>	<p>Per Gary Critzer, over the next few days, we will be discussing the educational aspects of the regional councils such as the history of the regional councils, the regulations, and the <i>Code of Virginia</i>. We will</p>	

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	<p>talk about where we are today and how we got to this point. One of the things I would like to do is a workshop for a day or day and a half with an individual from the Cooper Center at UVA. This will be a facilitated discussion on the whole regional council system and taking a comprehensive look at what services we are delivering, where we are now, where we want to be in 5 years, in ten years and so on, kind of like a strategic plan. We will need to look at costs, scheduling, etc. We know that we are asking a lot of each of you, but we really feel that in order to do justice for the system in Virginia, we really need to take a comprehensive evaluation of it. We have a system that we can be proud of. Where we are at this point has certainly created a lively discussion in Virginia about regional EMS councils. We've heard good and bad things. There are people who are happy and those that are unhappy. I want you to start looking at the regional EMS councils in Virginia. I want to focus on where we go from here. We want to give all the stakeholders adequate input. If you notice on every agenda, there will be an opportunity for public comment. I encourage the regional councils to communicate with us so that we have information that we can share. We want participation and involvement. We want to know what's on your minds. We will be open minded and objective as we look at the overall system in Virginia in order to make the right decisions.</p> <p>We have a schedule change. Matt Cobb was scheduled to speak tomorrow on the <i>Code of Virginia</i> and will not be able to attend tomorrow's meeting, so he will be presenting the <i>Code of Virginia</i> this evening.</p>	
<b>Review of the <i>Code of Virginia</i>, Matt Cobb:</b>	<p>The first question I want to answer is: What is the process, why are we here? Virginia <i>Code</i> Section 32.1-111.11 requires the Board of Health to designate regional EMS councils. In order to do that it must establish those regional council areas. The Board of Health also has to review, renew, or deny application for the designation of regional councils every three years. So what happens, process wise, is the regional councils will apply for designation by forwarding an application to the Board of Health. The regulation requires that the application is then passed on to the Office of EMS which investigates and reviews the applications. The Board of Health is the ultimate arbiter of what constitutes the designation of council areas and on determining whether or not a council is going to get it. The regulations that went into effect January 1, require that applications for designation be filed by October 1. We need to come up with the designated regional areas in advance of that deadline, so that everyone has the opportunity to be heard and everyone has an opportunity to file an application for designation and it starts on July 1, 2009. I will be happy to share any information that I have and help guide you through the legal process.</p> <p>It was requested of Tim to email the team members a copy of the regional council budget guidelines.</p>	<p><b>Tim will email the team members a copy of the regional council budget guidelines.</b></p>
<b>History of the Regional EMS Council in Virginia:</b>	<p>With the 1966 publication, <i>Accidental Death and Disability: The Neglected Disease of Modern Society</i> by the National Academy of Sciences, National Research Council it was concluded that a patient emergency system was definitely needed. It recommended massive changes to the then-current emergency medical intervention practices.</p>	

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	<p>In 1966, the federal Highway Safety Act followed, establishing funding and an agency, the National Highway Traffic Safety Administration (NHTSA) with an EMS arm. It began to focus on developing EMS Training Curricula and other tools which remain important resources today. It also emphasized the creation of EMS regions. Modern EMS was birthed by the 1973 Federal EMS Systems Act which pumped not only money into EMS development, but specified the 15-component architecture by which EMS was to grow as a system. The basic building block of the EMS plan were regions often configured on the boundaries of federal health-planning regions within states. These regions were generally organized as 501 (c) 3 non-profits headed by regional EMS councils or boards with an executive director as well as training, planning and other staff. In some states they were organized in local government.</p> <p>The EMS Systems Act created a federal EMS agency within the US Department of Health, Education and Welfare (later US Department of Health and Human Services). There was a lack of focus on state level organization of an EMS system for leadership and coordination among the state's newly founded EMS regions and for regulation of EMS providers. In 1980, a report of the progress made by the federal EMS program following the EMS Act, and in the shadow of the looming shutdown of the EMS program, was done for the federal government by System Sciences, Inc. It documented the direct federal EMS agency to regional EMS organization orientation of the federal program, and stated the need for the establishment of stronger state level leadership, coordination and regulation.</p> <p>In 1981, the federal EMS program and its EMS funding ended. Funding to states and, now to regions, for EMS was continued at a reduced level in a Preventive Health and Health Services block grant program. While this shifted the balance of use of federal funds more in favor of states, it also subjected the once largely EMS-purposed funds to competition from public health programs like rat control.</p> <p>The National Association of State EMS Directors (now Officials) began its life in the early 1980's and has become a primary leadership organization in EMS in the country, helping its members to become stronger as well.</p> <p>In 1984, the establishment of the ASTM Committee F30 on EMS (ASTM is a standards development organization for a diverse set of industries) was intended to begin creating standards across the spectrum of EMS. The ASTM has produced a number of highly regarded standards and has continued its activities into the present.</p> <p>It is clear that the evolution of state and regional EMS programs through the mid-1990s was not a formula for happy interdependence. The funding driver's seat changed hands from regions to states. Funding became increasingly scarce and state general fund-dependent.</p> <p>It is also clear that the regionalization mission called for by the most recent consensus-based EMS system planning documents in not an endorsement for regional programs, but a challenge for both</p>	

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	regional and state EMS organizations.	
<b>Public Comment Period:</b>	<p>Randy Abernathy inquired if there has ever been an undertaking to redesign or re-designate the service areas of a locale. Has there been any discussion in the past to realign the regions? Gary Brown answered that there has been discussion of realigning the regions during the studies that were done in 1998 and 2001. Maps were created that are similar to those we have today. This has been an ongoing debate and when we came close to making a decision, things got out of control. We also had a hard time agreeing on what we were measuring. The variables that we were using at the time did not allow us to make good, sound decisions. I think the system has matured enough over the past several years to make better decisions.</p> <p>Gary Critzer thanked Tim for putting this book together in a relatively short period of time.</p> <p>Gary Critzer asked: Do we have any documentation available to us about other regional council systems in other states that have been through this process? Per Gary Brown, more than half the states don't have a regional council system. Once the federal monies dried up they did away with them or if the state maintained them they eventually zeroed them out of their budget.</p> <p>Gary Critzer stated that it would be nice to know which states that have regional councils and what type of reviews they have done and the outcome of those reviews.</p> <p>We have asked the regional councils to read the information that has been sent via emails. At the next meeting, we will have the regional council's talk about those materials and have some more materials available for us. We asked the council to please be available to answer questions about the service they deliver, how they deliver them, etc. They will have an opportunity to tell their stories.</p> <p>Gary announced that he and his wife are expecting their fourth child and may be on leave for a short time. Therefore, a vice chairman has been appointed. Bruce Edwards has agreed to fill the role.</p> <p>Rob Logan has set up a listserv for the members of this group and comments can be posted. The more information and communication we have, the better we will be in making fair, comprehensive decisions.</p> <p>David Cullen asked Matt Cobb to distinguish between the <i>Code of Virginia</i> and administrative law and the possibility of the governor stopping the administrative law. I think people need to be aware of the difference. Matt stated that the best way to say it is; budget trumps <i>Code</i>, <i>Code</i> trumps regulations. Regulations are laws in the Commonwealth of Virginia. They have gone through the necessary process; they are promulgated by the Board of Health, and went through the public comment period. The Board of Health has the authority to issue regional variances or exemptions, but it's still the law and certain requirements have to be met before they can do that. The difference between administrative <i>Code</i> and the <i>Code of Virginia</i> is the <i>Code of Virginia</i> is laws drafted by the general assembly. Legislature drafts</p>	



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	<p>the bills and after the governor signs them, they become laws in the Commonwealth. The administrative <i>Code</i> is promulgated by bodies of the Commonwealth without the statutory authority to promulgate these laws. In this case the Board of Health, by statute, is designating the authority to promulgate the regulations for the designation of regional councils. Through the administrative process, the meant that the Board of Health put it out as a proposed regulation, there's public comment, Secretary of Health looked at it, Department of Planning and Budget looked at it, Governor looked at it and sign off on it, went back out for more public comment, the Board of Health dealt with it as a final regulation and the whole process started again.</p> <p>It was asked of Matt if administrative law ever suspended and what is that process? Matt was not aware of any times that that occurred; however, there are mechanisms for the regulatory process to be suspended. There are different administrations and their effective orders. This is an arduous process. The average regulation takes two years to be promulgated from beginning to end. Some of them are going on eight years. Any number of hiccups can occur during this promulgation process.</p> <p>Matt, what you are saying is that once a law becomes effective, it cannot be suspended. Generally speaking that is correct. Once they are the law, unless the Board of Health issues an exemption or variance to the regulation, or goes back through the regulatory process to have it removed or the General Assembly trumps it by <i>Code</i>, then it is law.</p> <p>Jeff Meyer informed everyone that in the public hearing, we will hear from a lot of stakeholders in their region. They have a lot of good points to bring out. He is happy to be a part of this process. Please listen to them as they voice their concerns.</p> <p>Bill Downs informed that you will not hear from a lot of people in his region. We are open to the process of looking at system needs and what will be best for them. The absence of voices does not imply consent to a product or certain outcome, but rather openness to a process. More people will come when there is more to voice an opinion on.</p> <p>It was asked if the meeting minutes will be posted on the OEMS website. The answer was given by Gary Critzer: Yes the minutes will be posted on the Region Coordination page. Also, Gary Brown stated that each of the meetings will be posted within 10 days on the public town hall.</p> <p>Rob Logan wants everyone to realize that no matter what happens through this process, not everyone will be happy. I just hope that when all is said and done, that everybody will be supportive of the final decisions.</p> <p>Jason Campbell wanted to know if there were some "friendly mergers" of the councils being looked at. Per Connie Purvis, Western and BREMS have seen that they could combine in the event of a failed economy. However, they have no intention of giving up their separate identities. What we would look</p>	

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	<p>at is possibly the formation of an entirely new region that encompasses both of these councils. This did not come as a suggestion from anyone else, we actually thought of this long ago. It seems that we had the same mission in mind. As we've been discussing, the most important mission is to provide outstanding patient care. We have common drug boxes, common protocols and common physicians and the most important thing was an overlapping of providers. So yes, there is some consideration of collaboration between Western &amp; BREMS.</p>	
<b>Adjournment</b>	The meeting was adjourned at 6:18 p.m.	